

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
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12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1					
38		1				
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
Total Indep	4					
Total Depend	25					
Total Claims	29					

may be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						